



102003

15915 U.S. PTO

Atty. Dkt. No. 062709-0114

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**031088 U.S. PTO  
10/687741

102003

Applicant: Yukio UMEMURA  
Title: POWER TRANSMISSION AND COMPRESSOR  
Appl. No.: Unassigned  
Filing Date: October 20, 2003  
Examiner: Unknown  
Art Unit: Unknown

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Yukio UMEMURA

Enclosed are:

- [ X ] Specification, Claim(s), and Abstract (21 pages).
- [ X ] Formal drawings (13 sheets, Figures i-14B).
- [ X ] Declaration and Power of Attorney (3 pages).
- [ X ] Assignment of the invention to CALSONIC KANSEI CORPORATION.
- [ X ] Assignment Recordation Cover Sheet.
- [ X ] Information Disclosure Statement.
- [ X ] Form PTO/SB/08 with copies of 7 listed reference(s).
- [ X ] Application Data Sheet (37 CFR 1.76).
- [ X ] Claim for Convention Priority with 4 certified Japanese priority documents.

The filing fee is calculated below:

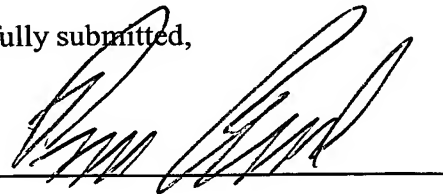
	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	\$770.00
Total	13	- 20	= 0	x \$18.00	= \$0.00
Claims:					
Independ	2	- 3	= 0	x \$86.00	= \$0.00
ents:					
If any Multiple Dependent Claim(s) present:				+ \$290.00	= \$0.00
				SUBTOTAL:	= \$770.00
[ ] Small Entity Fees Apply (subtract ½ of above):					= \$0.00
				TOTAL FILING FEE:	= \$770.00
Assignment Recordation Fee:				+ \$40.00	= \$40.00
				TOTAL FEE	= \$810.00

- [ X ] A check in the amount of \$810.00 to cover the filing fee and fee for recordation of Assignment is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By



Date October 20, 2003

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